Headquarters U.S. Air Force

Integrity - Service - Excellence

AFMS Group

23 Jun 04
1300-1530

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AFMS Group Agenda

■ Approval of Minutes – Mr. Costa	5 Min
■ TRICARE Operations & Patient Admin – Col Taylor	45 Min
■ Telephony Execution and Spend Plan – Col Constantian	30 Min
■ Open Discussion	15 Min

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Minutes Approval

- 2, 14, and 16 Jun 04 AFMS Group Minutes – Approved?
- Archives of AFMS Corporate Structure minutes can be found at:
  - O:\SG_Common\AFMS Corporate Structure

    - or –
  - https://kx.afms.mil/afmsengineroom

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TRICARE Operations & Patient Administration

Col Don Taylor

Associate Medical Service Corps Chief

for Health Plan Mgt

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AFMS Group

23 June 2004

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Overview

- Why now?
- Who we were
- When and Where we did it
- What we did
- What we propose
- What's next
- Why not?

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Patient Admin Perceptions – Why Change?

- Findings across AFMS under HSI/JCAHO inspection
  - Numerous outpatient records issues
  - A&D findings, etc
  - HIPAA compliance…assumptions change
  - 4A0 job satisfaction/retention rates
- Mixed guidance from GPMs, PCMs, MAJCOMs, and HQ
  - 4A0 role under PCO has been a “catch-all”
  - Centralized vs Decentralized
- Mentorship of 4A0’s difficult under PCO
  - Many cross-trainees
  - Junior ranks prevalent
  - Career progression?

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Patient Admin Challenges Lessons Learned

- **The reduction of Patient Admin under the OMG and PCO models have caused challenges in several areas:**
  - **Organizational Alignment**
  - **Continuity**
  - **Ownership**
  - **4A leadership/experience**
  - **Training**
  - **Readiness support**

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Align Functional Change with New SG Process

- Needed to “kick start” HPM MSC/4A functional change IAW “new” Air Staff
  - Begin to utilize “administrative consultants”
  - Coordinate with PLATT process
  - Enter the SG corporate structure with coordinated “field input”
- Needed a forum of experts to “face off” and align the vision

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HPM "Expert" Panel Members

- Col Don Taylor
- Col Charles Wolak – Chf HthBen Div
- Col Mark Allen – Dpty CC Travis
- LtC Weatherly Stradley – MGMC
- LtC Joseph Haggerty – AFMSA
- LtC Dawn Rowe – AFMC
- LtC Michelle Schott – AETC
- Maj Steve Greentree – AF/SG staff
- Maj Todd Eppler – ACC
- Maj John Hyzy – AF/SGXI
- Maj Michaelle Guerrero – PLATT
- Maj Paul Skala – USAFE
- Maj Don Dunbar – HSA (Local)
- Maj Pinard – 56 MDG
- Maj Greg Cullison – HSA (local)
- Maj Ken Hill – AMC
- Maj Kenneth Wilson – 82d MDG (local)
- Capt Johnny Ginnity – GPM Course
- Capt Brian Wyrick – AF/SGMA
- Capt Jean-Pierre DeBarros – PLATT
- Capt Douglas Stevens – Wilford Hall
- CMSgt Ted Collie – 4AO Functional Mgr
- SMSgt Loretta Bryant - AF/SGMA
- SMSgt Pinson – AETC
- SMSgt Wes Hardin – 4A0 Course Dir
- MSgt Jeff Kolesar – AF/SGMA
- MSgt Gary Parker – [illegible]PACECOM
- TSgt Corbell – AF/SG[illegible]

19-20 Feb 04 at Sheppard AFB, TX

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Patient Admin Update

- **Maj Steve Greentree and MSgt Kolesar**

- **Patient Administration Officer Job Description Posted on Patient Administration Website**
  - **https://kx.afms.mil/patientadmin**

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AFI 41-210 Update

- Published 12 Nov 03
  - Identifies Patient Administration Functions
  - Mandates appointing Patient Administration Officer/NCO/Director
  - Details HIPAA Privacy Requirements
  - Comprehensive Guidance on Records Management
  - Adds Guidance on Conducting MEBs from AFI 44-157
- Interim Change Published
  - April 04 First IC
    - Implements Using Referral Management Center User Guide to Manage Referrals
    - Updates Form Locations in 4-Part Medical Record
    - Updates Guidance on Notifying Armed Forces Medical Examiner in Death Cases
    - Clinical Email Guidance

Chief Collie – "In Demand and Indispensable"

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Overview

- Outpatient Records
- Recommendations
- Summary

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Recommendation

- Outsource medical record maintenance AFMS-wide
  - Convert 450 4A0 positions into $26.2M for contract
  - 500 to stay in PCO = .5 per provider/2 per PCE
  - 50 AD 4A0 positions to shift to Patient Admin…QAE
  - Patient Admin Right to supervise OPRs
  - Ensure OPRs availability/accountability IAW with Policy
  - Reduce AF sought-after MILPERS positions
- Concern: Can only execute this initiative if AFMS can convert MILPER positions to CONTRACT dollars; otherwise must stay status quo

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Outsource Outpatient Records (Mil to Civ Candidate)

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CMSgt Ted Collie
"The Humble Servant"
4A0 Career Field Manager

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Examples of Challenges and Successes

56th Medical Group
Replenishing the Combat Capability of America's Air Force
Our Long View and the Patient Administration Function
Maj Russ Pinard
TRICARE Flight Commander
U.S. AIR FORCE
xcellence
U.S. AIR FORCE
DAVID GRANT MEDICAL CENTER
PATIENT ADMINISTRATION FLIGHT
Colonel Mark L. Allen
60 MDSS/CC
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Medical Wing
Wilford Hall Medical Center
Organizing to Manage the Revenue Cycle
Douglas Stevens, Capt, USAF, MSC, MHA
Health Plan Management Flight/CC
Lackland AFB, TX
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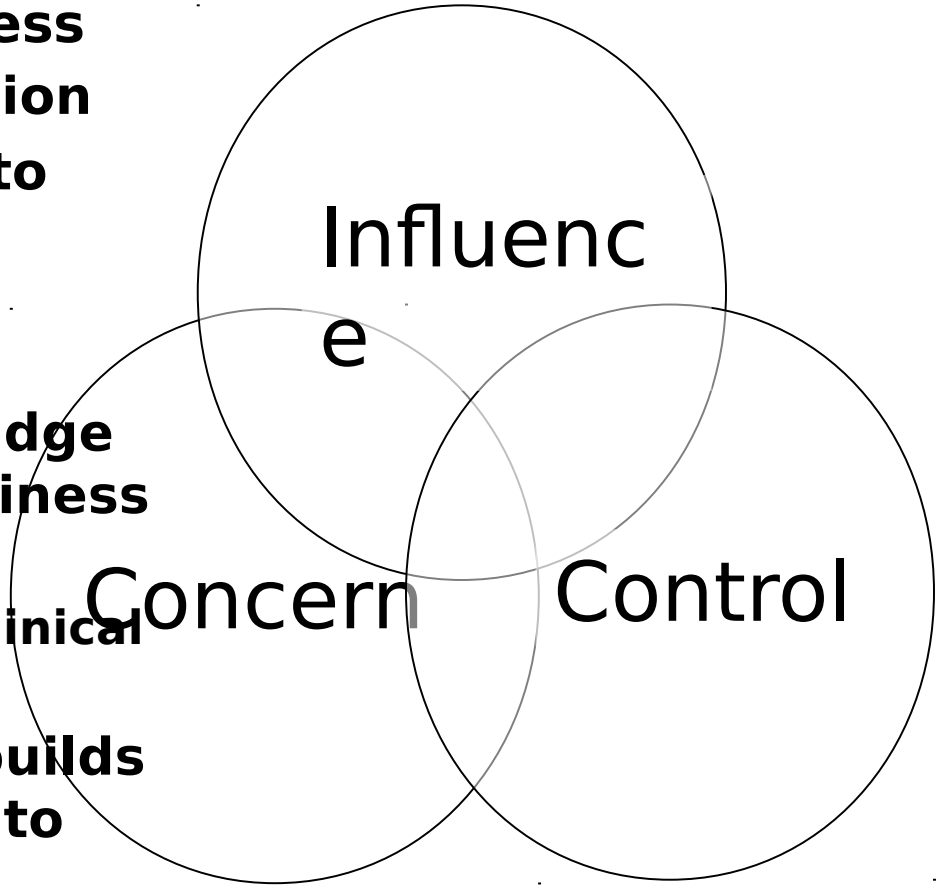
Flight Considerations

- **Striving for integrated organizational approach to increase overall effectiveness**
- **Healthy organizational tension**
  - **Patient Admin essential to execute day to day ops**
    - **Best position to identify challenges**
  - **UM element essential bridge between clinical and business functions**
    - **Enables "influence" on clinical and business process**
  - **Managed Care element builds MTF - MCSC plans/policy to support UM and Patient Admin**
    - **MOU development**



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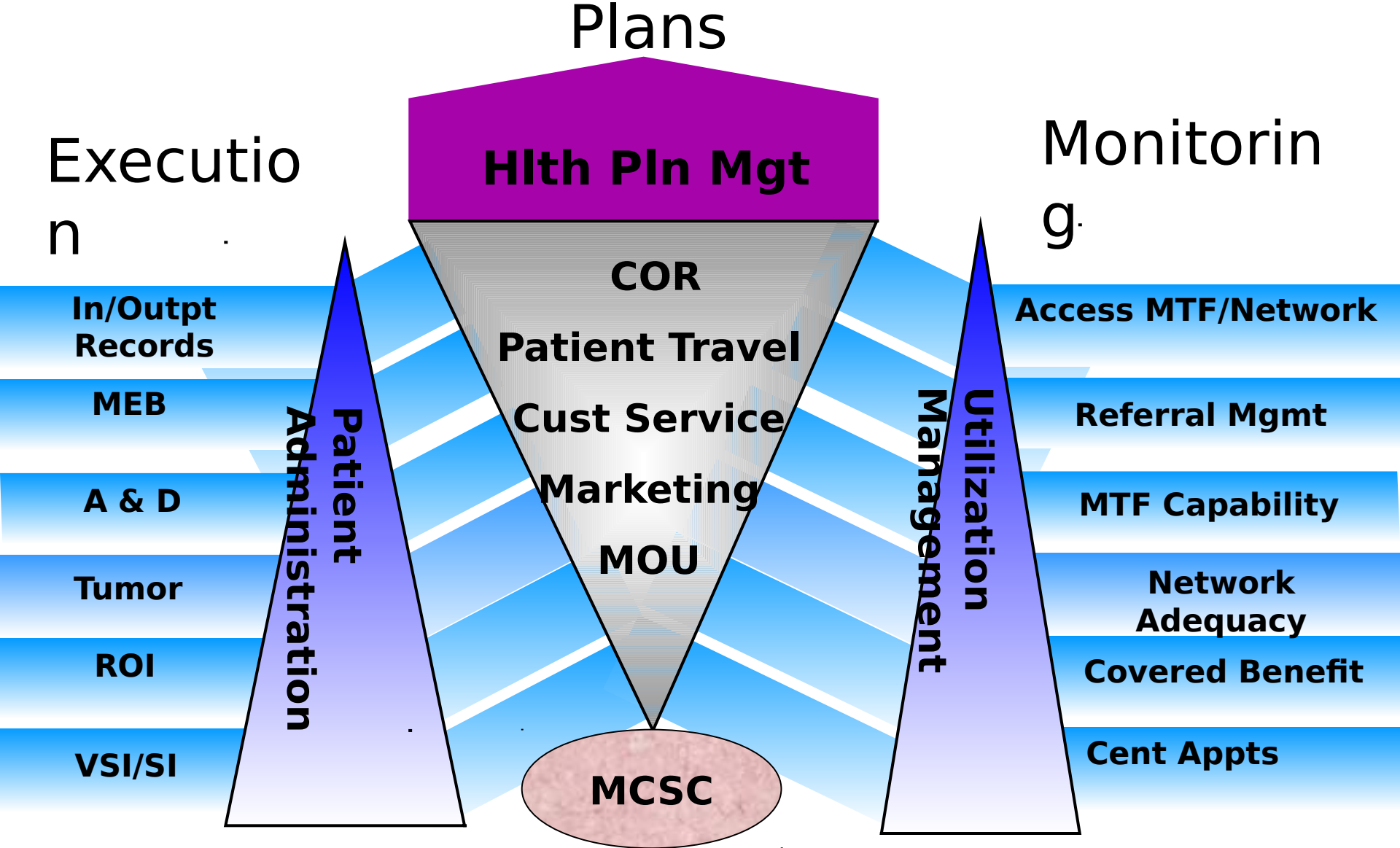
Flight Integrated Approach



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Resurrecting Patient Administration Already Underway …

- Davis Monthan
- Malstrom
- Altus
- Columbus
- Goodfellow
- Keesler
- Laughlin
- Little Rock
- Maxwell
- Shepherd
- Tyndall
- Vance
- USAF Academy
- WHMC
- McChord
- Misawa
- Wright Patterson
- Briefed AETC Patient Admin Meeting
- Assisting AFMS/SGXI with Medical Record Tracking
- Responded to Pt Admin Data Call (AF/SGMP)

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What We Did

- Absolute consensus that “we have a problem”
- Every example known provides “discovery of crises” and “paths of successes”
- All agreed that ***something*** must be done
- All agreed that we can’t wait until 06 … action now!
- All agree that resources are limited, but policy change would help immediately
  - Readdress PCO administration execution
  - Readdress SQ ownership
  - Evaluate TRICARE Flight synergy
- All agree that BOBS is not the right design to leverage our future risks … (AFMC)

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Patient Administration

- Admissions and Dispositions /Quarters/Con Leave
- Inpatient/Outpatient Records Administration
- Medical Evaluation Board (MEB) Program/PEB/TDRL
- Release of Information
- Line of Duty (Misconduct) Determinations
- Casualty Reporting/Death Processing
- Patient Travel/Aeromedical Evacuation
- Secretarial of the Air Force Designee Program
- Referral Management
- Special Needs Identification & Assignment Coordination Process

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Patient Administration (Cont.)

- Tumor Registry Program (when no Histopathology at MTF)
- HIPAA Privacy Compliance
- Eligibility Verification/Patient Registration
- Sensitive Duties Program (PRP)
- Call Center Management
- Patient Advocacy Program Oversight
- Management of Unit Clerks
- Patient Squadron Management
- Advance Directives

- Contracting Officer Technical Representative (COTR)
- Beneficiary Counseling and Assistance Counselor (BCAC)
- Debt Collection Assistance Officer (DCAO)
- Medical In-Out Processing
- TRICARE Online Operations
- TRICARE Marketing and Education
- Health Plan/Market Design/TNEX/MOU
- Market Area Manager
- Enrollment Management
- Sharing Agreements

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Medical Management (MM)

- **Minimum MM requirements per JCAHO and DoDI (draft)**
  - **Case Management**
  - **Discharge/Disposition Planning**
  - **UM Plan, UM Process, UM Coordinator appointed**
  - **Disease/Condition Management**
  - **Demand Management**
  - **Metric based outcome measures**
  - **Utilization Review ??**
  - **Appeals Process ??**
  - **Population Health/HCI ??**

MM Background

- **Utilization Review**
- **Discharge Planning**
- **Case Management**
- **Education of Provider/Beneficiary**
- **Condition/Disease Management**
- **Clinical Guidelines**
- **Demand Management**
- **Wellness & Health Promotion**
- **Provider Profiling**
- **Primary Care Management**
- **Risk Management**
- **Referral Management**

1994 DoD UM/QM Policy

1998 DoD UM/QM Policy

2004 Draft Medical Management DoDI/DoD Guide & DoD PHI Plan

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What We Recommend

- Package to begin the “corporate structure journey” sponsored by the Medical Support Panel with concurrence from the Medical Operations Panel
  - Policy letter
  - Slides
    - Resources
    - Org Structures
  - Support Tail
    - Training
    - Web links
    - Assignments – 4AOs and MSCs

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What We Recommend - Policy

- Policy letter to highlight “vision” for a TRICARE Operations and Patient Administration Flight (TOPA)
  - Merges TRICARE activities with Patient Admin
  - Offer two models for large and small (MTF decides based on resources, specialties, bldg and market)
    - Large - two separate flights
    - Small - merged into one
  - BOBs is no longer an option – Direct their elimination
    - No common activities between RMO and TRICARE – Data production still an issue
    - RMO future demands are changing with TNex

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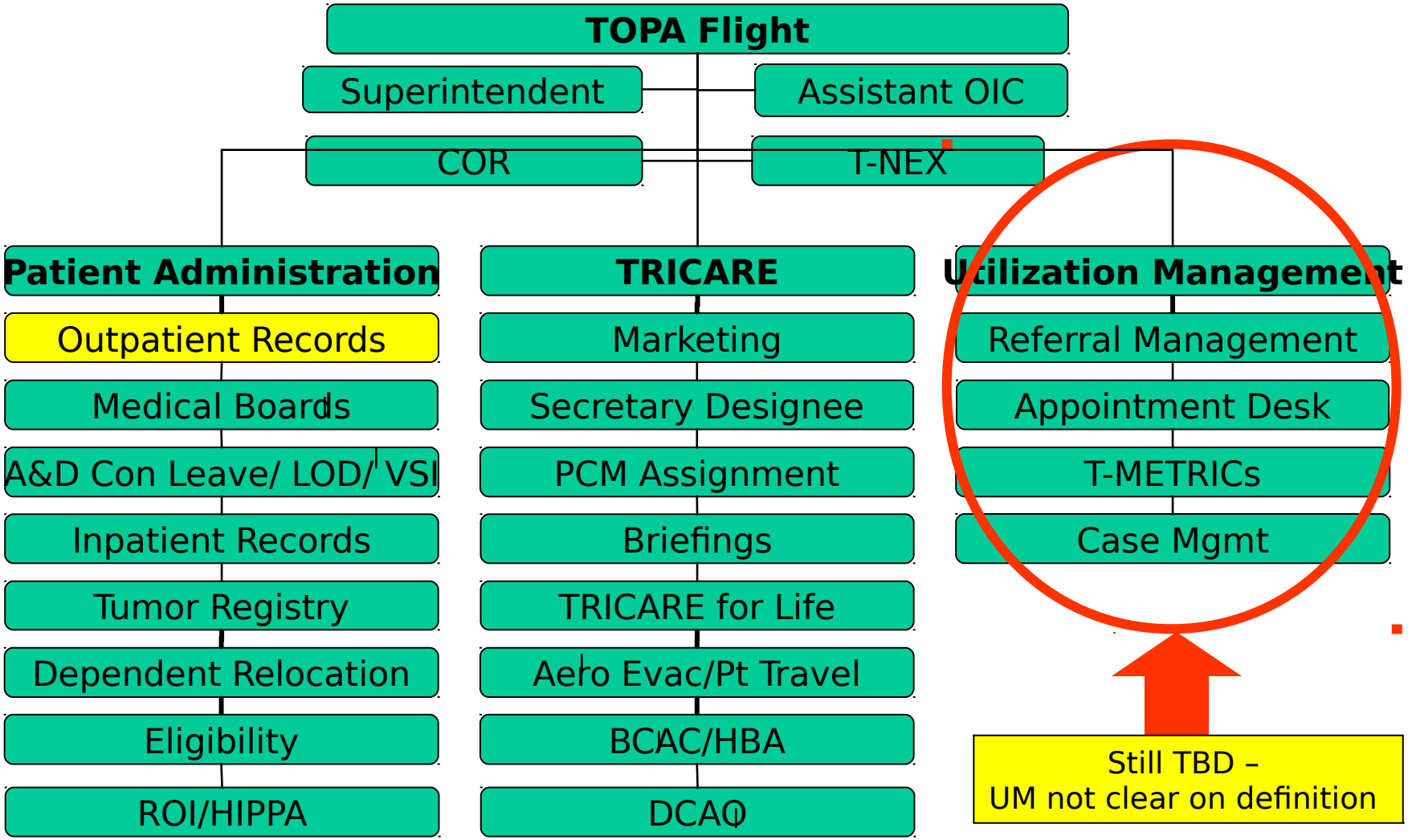
Proposed TOPA Flight



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What We Recommend - Policy

- Provide general background and problems discovered
- Successes seen to date
- Link strongly to ECA support
- Link strongly to OPD enhancement
- Two sizes based on MTF decision
  - Future market complexity to be assessed based on market enrollment, ECA, mission, demographics, etc
- Move TOPA Flight to MDSS by relieving MTFs from OMG and PCO guidance, execute with existing resources for now …

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What We Recommend - Policy

- Balance future MSC “overages” to support TOPA Flight execution
- Validation by PLATT using actual execution experience by MTFs
- Encourage immediate start
- Insist on clear role, function and ownership of UM at the MTF
  - Challenges still pending with contracts, NC and existing activities
- Highly recommend a Health Plan Management Committee to review business processes in relation to TNex Business Plan and Long View

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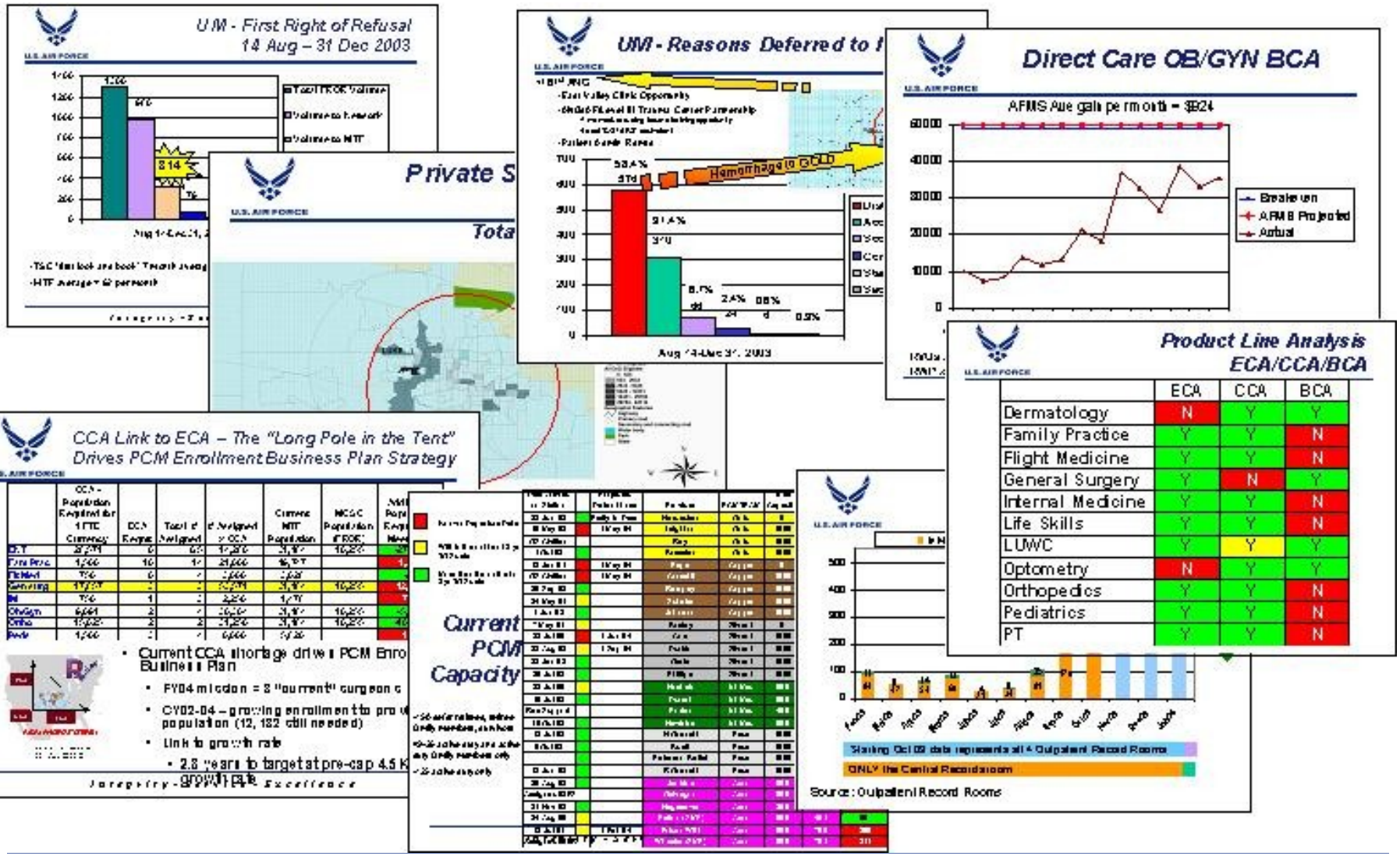
Health Plan Management Committee


UM - First Right of Refusal
14 Aug – 31 Dec 2003
UM - Reasons Deferred to
Direct Care OB/GYN BCA
AFMS Ave gain per month = $824
Product Line Analysis
ECA/CCA/BCA
ECA CCA BCA
Dermatology N Y Y
Family Practice Y Y N
Flight Medicine Y Y N
General Surgery Y N Y
Internal Medicine Y Y N
Life Skills Y Y N
LUWC Y Y Y
Optometry N Y Y
Orthopedics Y Y N
Pediatrics Y Y N
PT Y Y N
CCA Link to ECA – The "Long Pole in the Tent"
Drives PCM Enrollment Business Plan Strategy
Current PCM Capacity
Source: Outpatient Record Rooms

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TOPA Flight PLATT Model

- **Should contain 5 components**
  1. **Driver (ie: Population)**
     - **Market Complexity Index (Work still to be done, but not immediately)**
  2. **Support Staff Ratio**
  3. **Productivity Targets**
  4. **Facility Requirements (ie: clinic vs hospital)**
  5. **Training/Guidance – <u>Hindsight…this is the MOST important component</u>**
- **Model develops requirements not resources**
- **With proper policy/guidance, do not have to wait until next POM cycle to implement**
  - **Policy should support resource requirements in next POM**
- **Recommend integrated component approach to analysis**
  - **Analyze Patient Admin, UM, Managed Care and Flight Overhead**
  - **Assume integration and look for efficiencies of scale**

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Journey to Date

- **Concurrence on concept from:**
  - ✓ **Patient Administration IPT Members**
  - ✓ **Health Plan Management Summit Attendees**
  - ✓ **Senior MSC Council**
  - ✓ **MSC Corps Chief**
  - ✓ **4A0 Career Field Manager**
  - ✓ **Medical Support Horseman**
  - ✓ **Medical Support Panel**

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What's Next

- Routing Package for Corporate Structure approval
- Market Complexity Model Development
- Apply TNex lessons into training platforms
- Offer an immediate "kick start" course at Sheppard for TOPA Flight CCs and Pat Admin NCOs
- Solicit lessons learned from the field after 1st year of implementation – give PLATT a start for 07/08 MAPPG
- Begin network of sharing between MTFs
- Refine/develop metrics for HPM performance
- Utilize the HPM Workgroup for future adjustments
- Begin to address standardization of staff at MAJCOMs for HPM

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- Concur with concept

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AF/SG TELEPHONY MODERNIZATION

"Our Best Opportunity to Resolve Years Worth of Telephony Challenges AFMS-Wide"

Sequencing & Financing Plan

Capt Freddie Jenkins
HQ USAF/SGR
6/23/2004

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Purpose

- **Obtain a decision on proposed telephony implementation sequencing plan and funding strategy**

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TELMOD Goals/Objectives

- **Support AF Leadership's "One-AF…One Network"**
- **NOT to Expand Existing C&I "foot-print" Inside MTF, BUT… REDUCE it by Eliminating Unnecessary, Non-certified Voice Hardware, and Moving these Services Back to Local SC**
- **Evaluate Current/Anticipated Voice Requirements**
- **Improve Access to Care/Patient Satisfaction w/Telephone Appointing**
- **Standardize Telephony Capability AFMS-wide**

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Sequencing Plan

- MAJCOMs provided “Deployment Sequence Number (criticality based)”
  - MAJCOMs changed deployment sequence based on external factors unrelated to criticality (T-NEX, Politics, ETC)
  - MAJCOMs can make trades between commands, but must receive MAJCOM SG written approval for reassignment
    - Reprioritized list represents a “One for One” replacement of sites criticality but does not affect Deployment Sequence Number

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Financing Plan

- **Risk-Tolerance Threshold Model**
  - Developed to separate “must-funds” vs. wants/desires; provides OP WG with a TELMOD “must-do” bogey for financial sourcing process
  - Rationale for “breaking” baseline programs or exposing them to risks
  - 15 risk factors assessed (hollerith code) -- tolerance threshold set at cumulative risk score of 40 and up (engineering determination)
  - Criticality assessment must be accomplished annually
- **Sourcing Strategy/Plan**
  - OP-WG identified best sources of baseline program funds to support TELMOD using a Lending Risk-Analysis Model
  - The OP-WG identified $2.4M in available funds to support telephony implementation in FY04 as follows
    - $.6M from FY02 unliquidated obligations; $1.8M from CITS-LM project
  - The MEQ program will restore $1.4M to the CITS-LM effort in FY05
  - The MSIM program will restore $0.4M to CITS-LM effort in FY05
  - FY05 and out-year borrowing/lending actions to support TELMOD will be based on risk tolerance & underwriter (payback) total impact

Questions?

Meeting Recap & Calendar

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- New Items
- Action Items
- Meeting Schedule:
  - AFMS Group: Wed., 30 Jun, 1300-1530
  - AFMS Group: Wed., 7 Jul, 1300-1530
  - AFMS Council: Thu., 8 Jul, 1430-1530